

**PSYCHOLOGISTS OPPOSED TO PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS**

POPPP

P.O. Box 337

Edmonds, WA 98020

(425) 771-4548

Email: responses@poppp.orgWebsite: <http://psychologistsopposedtoprescribingbypsychologists.org/>

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RE: **OPPOSE** SB 272 Relating to prescription privileges for psychologists

Dear Honorable Senators Balyeat, Verdell, Tropila, Facey, Moore, Mowbray, Steinbeisser, Stewart-Peregoy, Tutvedt, Vuckovich, and Boy:

We are a group of psychologists who **OPPOSE** this bill because it is designed to allow psychologists to prescribe medication *with less than half of the medical training required of all other prescribing professional in Montana.*

This bill would create a *substandard* medical profession that places the consumer at unknown risk. There has never been an objective evaluation of the effects such a drastic reduction in medical training upon consumer safety.

Proponents could conduct a systematic evaluation of the effects on consumer safety, but have chosen not to do so. Instead, they explicitly state a desire to use the public sector as unwitting subjects in an experiment. (Fox et al., 2009, Am. Psychologist, 64)

Because of the risk to consumers, bills like this one have been rejected about 100 times in 24 states.

Alternatives to this bill include collaboration between psychologists and physicians or other medically trained prescribers.

We believe that psychologists have made major contributions to human health and well-being and will continue to do so. The profession of psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists' competence.

Our opposition is based on the following more detailed considerations:

1. Psychologists are divided about obtaining prescription privileges.

Only about half of surveyed psychologists support prescription privileges. (Walters, G.D., 2001, A meta-analysis of opinion data on the prescription privilege debate, *Canadian Psychology*, 42, pp. 119-125).

Psychologists who do support prescription privileges also support training requirements equivalent to other non-physician prescribers, such as advanced practice nurses (Baird, K.A., 2007, *Professional Psychology: Research and Practice*, 38, 196-202).

When allied medical professions such as optometrists have sought an expansion of scope of practice in the form of prescription privileges, doing so originated by members of the profession and was not controversial. This is not the case within psychology. Instead, the pursuit of prescription privileges became a policy of the American Psychological Association without input from the membership (DeNelsky, 2001, *The National Psychologist*, 10 [4], p.5) Psychologists who support prescription privileges have been shown to provide legislatures with unsubstantiated reasons for expanding scope of practice to the field of medicine (Pollitt, B. 2003, *Fools Gold: Psychologists Using Disingenuous Reasoning to Mislead Legislatures into Granting Psychologists Prescriptive Authority*, *American Journal of Law and Medicine*, 29)

2. Risk to the consumer

As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients' unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that only professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients' overall health conditions should prescribe medications. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other

professions, the doctoral training of psychologists historically does *not* equip them to prescribe and manage medications safely.

Because of consumer safety concerns, prescribing medication by psychologists has not been supported by patient advocacy groups (e.g., NAMI) and has been explicitly opposed by the International Society of Psychiatric Mental Health Nurses because the training is inadequate (Response to Clinical Psychologists Prescribing Psychotropic Medications Position Statement, 2001).

3. Inadequate medical training

Unfortunately, the American Psychological Association's (APA) model for training doctoral psychologists to obtain prescription privileges does *not* match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician's assistants, optometrists) in terms of their overall training in matters directly related to managing medications.

The APA model is *substantially less rigorous and comprehensive than the training required for all other prescribing disciplines*. Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is *not* the case for training in the practice of medicine.

The APA training model for prescribing even fails to meet the recommendations of APA's own experts in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; accreditation of programs).

It is noteworthy that the APA training model is substantively *less rigorous* than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is *far less comprehensive*, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not!

4. Psychology regulatory boards are not prepared to monitor the practice of medicine

Psychology regulatory boards have limited expertise to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have *not* overseen prescribing, we question whether regulatory boards have the resources and systems to provide effective oversight of psychologist prescribing.

This inadequacy of a board of psychologists to oversee the practice of medicine has been acknowledged by prescribing psychologists in Louisiana. They have stated that they are

practicing medicine and that *for moral considerations*; they must be viewed as a new profession. Therefore, they now operate under the auspices of the state's *board of medicine*, not the board of psychology.

5. Integrative care is a viable solution to providing psychoactive medication

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. For example, they point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists' providing those services that they *are* highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas:

There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available *collaborative* models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

Thank you for your kind consideration of our opinion.

Sincerely,

Richard Stuart
Board of Advisors
Psychologists Opposed to Prescription Privileges for Psychologists